Name in Full: Charles Bias

Certificate of Death

Died at Town: Annapolis County: A.A. Co MARYLAND

Date 1898 Month: 12 Day: 10 | Age Y.: 53 M.: — D.: | Native of: City | Occupation: Laborer

Male ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ Colored ~~Single~~ ~~Widower~~ widower Number of children living 1

Husband of Wife

Father's Name: Tobias Bias

Mother's Name: Caroline Brown

Cause of Death: Primary: Phthisis Pulm

Immediate: Haemoptasis 22a

How long sick: 18 months

~~Accident, Suicide, Homicide~~

Reported by the son of deceased

Address: South St Annapolis

John G. Taylor Justice of the Peace acting as Coroner in this case

No physician in attendance

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65068

Name in Full: Elsie Chaney

Certificate of Death

Died at: Town: Glen Burnie County: Anne Arundel MARYLAND

Date 1898 Month: Dec Day: 21 Age Y. M. D.: 11 27 Native of: Glen Burnie Occupation

~~Male~~ White ~~Married~~ ~~Widow~~ Divorced

Female ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number of children living~~

~~Husband~~ ~~Wife~~ of

Father's Name: Jacob Chaney

Mother's Name: Bessie Taymon

Cause of Death: Primary 61a

Immediate: Cerv Spinal Meningitis

How long sick: 36 hours

Accident, Suicide, Homicide

Reported by: Thomas H Brayshaw MD

Address: Glen Burnie Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

28
10
1.0
20
68
5
73

Name in Full | Certificate of Death

Casper Morris Chiston MD.

Died at Town: Owensville County: Anne Arundel MARYLAND

Date 189 8 Month: Dec Day: 1 Age Y. 48 M. – D. – Native of: Md. Occupation: Physician

Male / Female White / Colored Married / Single Widow / Widower ~~Divorced~~ Number of children living 6

Husband / ~~Wife~~ of Sallie M. Chiston

Father's Name James Chiston MD Mother's Name Murray

Cause of Death: Primary Brights Disease How long sick In bed 3 wks

Immediate Heart failure ~~Accident, Suicide, Homicide~~

Reported by Sewell S. Hepburn MD

Address West River Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65988

Name in Full Lillian May Clarke

Certificate of Death

Died at Town Patuxent County A. A. Co MARYLAND

Date 1898 Month Dec. Day 6th Age Y. 18 M. 7 D. — Native of Maryland Occupation Housewife

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living none

Husband ~~Wife~~ of Lewis Clarke 97

Father's Name Richard Harrison Mother's Name Alice Harrison

Cause of Death Primary Brights Disease How long sick 2 month

Immediate Uraemic Convulsions ~~Accident, Suicide, Homicide~~

Reported by R A Hammond M.D.

Address Jessup Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65966

Name in Full | Certificate of Death

Nettie Cole

Died at Town: South River | County: Anne Arundel | MARYLAND

Date 1898 | Month: Dec | Day: 31 | Age Y. 30 M. D. | Native of: Md | Occupation: Housewife

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 1

~~Husband~~ ~~Wife~~ of Lenard Cole

Father's Name: William Harris | Mother's Name: Priscilla Harris

Cause of Death: Primary: Typhoid fever | How long sick: 7 weeks

Immediate: Perforation | Accident, Suicide, Homicide

Reported by: John Collinson M.D.

Address: South River A A County

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, [illegible]

Name in Full — Certificate of Death

Ida Crowner,

Died at Shady Side (Town) Anne Arundel (County) MARYLAND

Date 1898 Month Dec Day 13 | Age Y. 27 M. 2 D. 4 | Native of Md | Occupation Housewife

~~Male~~ Female | ~~White~~ Colored | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~

Number of children living 6

~~Husband~~ Wife of Chas. Crowner,

Father's Name John H. Thompson

Mother's Name Laura Gaines

Cause of Death — Primary: Rheumatism, - Bed Sore — How long sick 2 mos

Immediate: Septicemia

~~Accident, Suicide, Homicide~~

Reported by Geo. T. Dent, M.D.

Address Churchton, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Edward Edelen

Certificate of Death

Died at Town Annapolis County A. A. county MARYLAND

Date 1898 Month December Day 25th Age Y. 57 M. ? D. Native of Pr. Geo Co Occupation hosteler

Male ~~White~~ Married ~~Widow~~ ~~Divorced~~ Don't know

~~Female~~ Colored ~~Single~~ ~~Widower~~ ~~Number of children living~~

Husband of Wife —

Father's Name Don't know Mother's Name

Cause of Death Primary Don't know 9. How long sick about 2 weeks

Immediate Heart failure & Grip ~~Accident, Suicide, Homicide~~

Reported by H R Walton

Address Annapolis Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65168

Recd for record
Dec 27th 1898

Name in Full Michael Gleason

Certificate of Death

Died at Town Fairfield County Anne Arundel MARYLAND

Date 189 8 Month 12 Day 29 Age Y. 44 M. D. Native of Ireland Occupation Laborer

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ Widow Widower Divorced Number of children living

Husband of Wife

Father's Name

Mother's Name

Cause of Death Primary Pneumonia 72 How long sick 10 days

Immediate

Accident, Suicide, Homicide

Reported by Dr. R. Dabney Ball

Address S. Balto, Md,

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Lucinda Grant

Certificate of Death

Died near Town Woodwardville County A. A. Co MARYLAND

Date 189 9 Month Dec. Day 28th Age Y. six M. months D. Native of Md. Occupation

~~Male~~ Female ~~White~~ Colored ~~Married~~ Single ~~Widow~~ Widower ~~Divorced~~ Number of children living

Husband of Wife

Father's Name Robert Grant Mother's Name Emma Grant

Cause of Death: Primary Pneumonia How long sick several days

Immediate

Accident, Suicide, Homicide

Reported by Sam'l H. Anderson M.D.

Address Woodward-ville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 55868

Name in Full Matilda Green

Certificate of Death

Died at Town Magothy 3rd Dist County Anne Arundel MARYLAND

Date 189 8 Month 12 Day 18 Age Y. 17 M. D. Native of Occupation

~~Male~~ ~~White~~ Married Widow Divorced

Female Colored Single Widower Number of children living

Husband of Wife

Father's Name George Green Mother's Name 57

Cause of Death Primary Heart disease How long sick

Immediate Accident, Suicide, Homicide

Reported by Evening Capital Annapolis

Address Dec 21st

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name in Full John Hall

Certificate of Death

Died at Town Severn County Anne Arundel Co MARYLAND

Date 189 4 Month Dec. Day 19 | Y. 66 M. D. | Native of Maryland | Occupation Laborer

Male ~~Female~~ | ~~White~~ Colored | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ | Number of children living 4.

Husband / Wife of Annie Williams maiden name

Father's Name John Hall

Mother's Name Mary Hall

Cause of Death: Primary Tuberculosis — How long sick 2 years

Immediate — Accident, Suicide, Homicide

Reported by Thomas H. Broyles M.D.

Address Glen Burnie J. L. Riegel Justice of the Peace in and for Anne Arundel County Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 63968

Name in Full Mrs Martha Hardy

Certificate of Death

Died at Town St Margarets County A. A. County MARYLAND

Date 1898 Month 12 Day 2 Age Y. 44 M. D. Years Native of England Occupation

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female Colored Single Widower Number of children living

Husband / Wife of Henry Hardy

Father's Name

Mother's Name 66

Cause of Death Primary

Immediate Hart trouble

How long sick

Accident, Suicide, Homicide

Reported by Aly Evans

Address 24 College ave Annapolis Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

P.C. I 85

Dec. 17

S. S. M. Rec'd, Ashuy,

3rd Dist. A. H. Co

Name in Full | Certificate of Death

Sarah Jane Hawkins

Died at Town: Jermon. County: A.A. Co MARYLAND

Date 1898 Month: ~~Jermon~~ Dec Day: 16 | Age Y. 61 ~~M.~~ ~~D.~~ | Native of Prince Geo. County | Occupation Cook

~~Male~~ ~~White~~ ~~Married~~ Widow ~~Divorced~~

Female Colored ~~Single~~ ~~Widower~~ Number of children living 6

~~Husband~~ Wife ~~of~~ Charles Hawkins

Father's Name — — — Mother's Name

Cause of Death: Primary Pneumonia 72 | How long sick 5 days.

Immediate " " | ~~Accident, Suicide, Homicide~~

Reported by James S Taylor

Address Annapolis Md

OVER

OVER

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Attended by Dr. None

of .

Seen by Coroner None

of

Information contained in this certificate received from Anthony Brown Lee

of Annapolis Md

Name in Full

Pearl Holmes

Certificate of Death

Died at Town Annapolis County AA

MARYLAND

Date 1898 Month Dec Day 31st 11 Age Y. 3 M. 9 D.

Native of Annapolis

Occupation

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

Female Colored ~~Single~~ ~~Widower~~ ~~Number of children living~~

Husband of Wife

1526

Father's Name Joseph Holmes

Mother's Name Ida Holmes

Cause of Death

Primary Gastro-Enteritis

Immediate caused by Arsenical Poisoning as shown by Chemical Analysis

How long sick 5 hours

~~Accident, Suicide~~, Homicide

Reported by John Ridout MD

Address Annapolis Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Recd for record
Janry 9th, 1869

P.C. 51

Name in Full

Certificate of Death

Mary Ellen Marriott

Died at Town: Davidsonville County: A. A. MARYLAND

Date 189 8 Month: 12 Day: 26 | Age Y.: 89 M.: 8 D.: 4 | Native of: Md | Occupation: Housewife

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ Single | Widow ~~Widower~~ | ~~Divorced~~ | Number of children living 4

~~Husband~~ Wife of Allen Marriott

Father's Name: Knighton | Mother's Name:

Cause of Death: Primary: old age 141 | How long sick: 2 wks

Immediate | ~~Accident, Suicide, Homicide~~

Reported by B R Davidson M D

Address Davidsonville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 7988B

Attended by Dr. B R Davidson

of Davidsonville Md

The undertaker was Charles Holmes

of Davidsonville

Information contained in this certificate, r-

ceived from B R Davidson

of Davidsonville

Name in Full — Certificate of Death

James Nevins

Died at — Town: Brooklyn — County: Anne Arundel — MARYLAND

Date 1898 — Month: Dec — Day: 13th — Age: Y. 55 M. D. (about) — Native of: Ireland — Occupation: Laborer

Male ~~Female~~ — White ~~Colored~~ — ~~Married~~ Not Single Known — ~~Widow~~ ~~Widower~~ — ~~Divorced~~ Number of children living Not Known

Husband ~~Wife~~ of Not Known

Father's Name — Mother's Name

Cause of Death — Primary: Excessive use of liquor and — How long sick

Immediate: Exposure to elements of weather. (frozen) — Accident, Suicide, Homicide

Reported by Thomas L. McClelland J.P. Coroner

Address Brooklyn A.A.Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full John H Parker

Certificate of Death

Died at Town Chesterfield County Anne Arundel MARYLAND

Date 1898 Month 12 Day 22 Age Y. 23 M. — D. Native of Md Occupation Farmer

Male ~~Female~~ ~~White~~ Colored ~~Married~~ Single Widow X Widower Divorced Number of children living X

Husband of X
Wife

Father's Name Thomas Parker Mother's Name Ella Parker

Cause of Death — Primary Tuberculosis — How long sick

Immediate Pulmonary Consumption

~~Accident, Suicide, Homicide~~

Reported by J H Dr Boris MD

Address Gambrills Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968

Name in Full | Certificate of Death

Eliza A Parkinson

Died at Town: Annapolis County: A. A. Co — MARYLAND

Date 1898 Month: Dec Day: 7 | Age Y. 77 M. 9 ~~D.~~ | Native of: Annapolis | Occupation: none

~~Male~~ White ~~Married~~ Widow ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 1

~~Husband~~ Wife of Wm N. Parkinson

Father's Name: Louis Kunn | Mother's Name: —

Cause of Death: Primary: Old age 141 | How long sick: 5 years

Immediate: Same | ~~Accident, Suicide, Homicide~~

Reported by: James S Taylor undertaker

Address: Annapolis Md

OVER

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Attended by Dr. + Geo. Wells

of Annapolis Md.

~~Seen by Coroner~~

of

Information contained in this certificate received from Dr Geo Wells. ~~Attitude~~ ~~Parents~~ of Annapolis Md

Recd for record Dec 30 1848

Name in Full

Certificate of Death

Elizabeth Shoemaker

Died at Town: Edenton County: [illegible] MARYLAND

Date 189[illegible] Month: 12 Day: 19 | Age: Y. 76 M. D. | Native of: Maryland | Occupation: Housekeeper

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ Single | Widow ~~Widower~~ | ~~Divorced~~

Number of children living: 6

~~Husband~~ Wife of Samuel Shoemaker

Father's Name: Jeremiah Gosline

Mother's Name: Ella Gosline

Cause of Death: Primary: Bronchitis — How long sick: 6 months

Immediate: Consumption

~~Accident, Suicide, Homicide~~

Reported by: J. W. DuBois M.D.

Address: Gambrills Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65868

Name in Full

Certificate of Death

Ervin Franklin Smith

Town: Annapolis

County: A. A. Co

Died at Annapolis A. A. Co MARYLAND

Date 1898 Month: Dec. Day: 12th

Age: ~~Y.~~ 4. M. 15 D.

Native of: Annapolis

~~Occupation~~ —

~~Male~~ / ~~Female~~

White / ~~Colored~~

~~Married~~ / ~~Single~~ / ~~Widow~~ / ~~Widower~~ / ~~Divorced~~

~~Number of children living~~ 2

Husband / ~~Wife~~ of

Father's Name: Job. Smith

Mother's Name: Catherine Smith

Cause of Death — Primary: 72

How long sick: 6 days

Immediate: Pneumonia

~~Accident, Suicide, Homicide~~

Reported by: James S Taylor undertaker

Address: Annapolis Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Attended by Dr. + R. H. Green M.D.
of Annapolis Md

Seen by Coroner.....
of.....

Information contained in this certificate received from Job Smith Father
of Annapolis Md

Read for record
Dec 30 1898

Name in Full | Certificate of Death

William Smith

Died at Town: South River County: Ann Arundel MARYLAND

Date 189 8 Month: Dec Day: 24 | Age Y. M. D. | Native of: Md | Occupation: Farmer

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ Widower | ~~Divorced~~ Number of children living 3

Husband ~~Wife~~ of Ella Lewis

Father's Name: Joseph Smith | Mother's Name:

Cause of Death: Primary: Bright's disease | How long sick: 30 days

Immediate: Heart failure | Accident, Suicide, Homicide

Reported by: John Collinson M.D.

Address: South River A A County

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65965

Name in Full | Certificete of Death

Anna S. Stromeyer

Died at Town: Annapolis County: Anne Arundel MARYLAND

Date 1898 Month 12 Day 2 | Age Y. 50 M. D. | Native of | Occupation

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 1

~~Husband~~ Wife of Wm. S. Stromeyer

Father's Name | Mother's Name

Cause of Death: Primary 161 | How long sick

Immediete | Accident, Suicide, Homicide

Reported by Evening Capital 12-1

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79708

Name in Full: Mary Marsh-Doran Travers

Certificate of Death

Died at Town: Annapolis County: A A Co MARYLAND

Date 1898 Month: 12 Day: 18 | Age Y. 1 M. 6 D. | Native of city | Occupation —

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

Female Colored ~~Single~~ ~~Widower~~ ~~Number of children living~~

Husband / Wife of —

Father's Name: Frank Addison

Mother's Name: Rose E Travers

Cause of Death: Primary: Phthisis Pulmo 22a | How long sick: 6 months

Immediate: Heart failure | ~~Accident, Suicide, Homicide~~

Reported by: Joan Bishop M.D.

Address: 12 Church Circle

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Read for news
Jan 7th 1899

Name in Full John Tubbs

Certificate of Death

Died at Town Glen Burnie, County Anne Arundel MARYLAND

Date 1898 Month December Day 28 | Age Y. 71 M. D. 28 | Native of Delaware | Occupation Farmer

Male ~~Female~~ White ~~Colored~~ ~~Married~~ ~~Single~~ ~~Widow~~ Widower ~~Divorced~~ Number of children living 8

Husband ~~Wife~~ of Olivia Ann Stewart

Father's Name Moses Tubbs

Mother's Name Priscilla Hall

Cause of Death: Primary Cancer of [illegible] | How long sick 2 years

Immediate Heart failure 25g | ~~Accident, Suicide, Homicide~~

Reported by Thomas A Brayshaw MD

Address Glen Burnie Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

P.C.

Name in Full

Margrat E. Wheeler

Certificate of Death

Died at Town Annapolis County A. A. Co. MARYLAND

Date 1898 Month Dec. Day 10th Age Y. 4 M. 21 D. Native of American ~~Occupation~~

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number of children living~~

~~Husband~~ ~~Wife~~ of

Father's Name Osker E. Wheeler Mother's Name Annie E.

Cause of Death Primary Bronkates 69 How long sick

Immediate Brain. Accident, Suicide, Homicide

Reported by James S Taylor undertaker

Address Annapolis Md

OVER

OVER

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

+

Attended by Dr. Geo Wells

of Annapolis Md

~~Seen by Coroner~~

of

Information contained in this certificate received from Dr Geo Wells.

of Annapolis Md

& Childs Parents.

Read for record Dec 30 1898

Name in Full

Certificate of Death

Catherine Adele Wilkinson

Town: Eastport

County: Anne Arundel

Died at Eastport, Anne Arundel, MARYLAND

Date 1898 Month: Dec Day: 1

Age Y. 1 M. D.

Native of Eastport

Occupation —

~~Male~~ Female

White ~~Colored~~

~~Married~~ ~~Single~~ ~~Widow~~ Widower ~~Divorced~~

~~Number of children living~~

~~Husband~~ Wife of —

Father's Name: John T. Wilkinson

Mother's Name: Carmina Croft

Cause of Death: Primary: Cyanosis 137

Immediate: Asphyxia

How long sick: 1 day

~~Accident, Suicide, Homicide~~

Reported by: Wm. S. Welch M.D.

Address: Annapolis Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Ella Wilkinson

Died at Town: Eastport County: Anne Arundel MARYLAND

Date 1898 Month: Dec Day: 29 | Age Y.: 52 M.: D.: | Native of | Occupation: Housewife

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ Widower | ~~Divorced~~ | Number of children living: 4

~~Husband~~ Wife of John T. Wilkinson

Father's Name

Mother's Name ST

Cause of Death: Primary: Indigestion (Surfeit) — How long sick: 6 hours

Immediate: Apoplexy

~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by Wm. S. Welch M.D.

Address Annapolis Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968